

Last Name, Initial: _____

**BETHESDA JEWISH CONGREGATION RELIGIOUS SCHOOL
STUDENT REGISTRATION FORM
ACADEMIC YEAR 5769/2008-2009**

*Please complete all areas of the form, front and back, except areas
marked Office Use Only. Please PRINT*

**Please
Attach
Passport or
Wallet Size
Photograph
Here**

(check one) Returning student New Student

Student Name:

Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Primary Home Phone (____) _____ Date of Birth _____

Student's Personal E-mail _____

Student's Personal E-mail may be used and made known to School Office Only My Child's Teachers

Hebrew Name (if known) _____

5769 (2008-2009) Religious School Grade _____ Secular School Grade _____

Name of Secular School _____

Parent 1 _____ Custodial Parent Y N

Home Address _____ (If different from above)

City _____ State _____ Zip _____

Phone: Home (____) _____ Work Phone (____) _____ Cell (____) _____

Primary E-mail for Religious School Matters _____

Parent 2 _____ Custodial Parent Y N

Home Address _____ (If different from above)

City _____ State _____ Zip _____

Phone: Home (____) _____ Work Phone (____) _____ Cell (____) _____

Primary E-mail for Religious School Matters _____

Alternate/Emergency Contact for Saturdays during Religious School

Name _____ Phone (____) _____

Alternate/Emergency Contact for Wednesdays during Religious School:

Name _____ Phone (____) _____

Emergency Action Permissions:

1. The school has my permission to call my family physician in an emergency in which I cannot be contacted, and my physician may render treatment necessary for the well-being of my child.

Name of Physician _____ Phone _____

Allergic to medication (specify type) _____

Other allergies, medical or other conditions of which the school and teachers should be aware:

2. The school has my permission in an emergency in which I cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Signature of Parent _____ Date _____

Insurance Carrier and ID# _____

FOR OFFICE USE ONLY

ITEM	RECEIVED	PAID	NOTES
Registration			
Tuition			
ITEM	RECEIVED	ITEM	RECEIVED
Confidential Form			
E-mail Form			
Volunteer Form			
Photograph			

Notes: